

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

15267

FILED MAY 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>284</u>		PRIMARY REG. DIST. NO. <u>4412</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tracy</u> <u>Fair</u>		c. LENGTH OF STAY (If able place) <u>16</u> Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tracy</u> <u>Fair</u>		<u>1830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHRISTENA</u>		b. (Middle) <u>L</u>		c. (Last) <u>DU BOIS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>7/7/1893</u>		9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth County, Kansas USA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George A. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. Jacquot</u>		14. NAME OF HUSBAND OR WIFE <u>David DuBois</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David DuBois (Husband)</u> ADDRESS <u>Tracy, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis with gangreen of legs and feet</u> <u>myocardial failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>April 26</u> , 19 <u>53</u> that I last saw the deceased alive on <u>April 26</u> , 19 <u>53</u> , and that death occurred at <u>11:30p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D.M. Miller M.D.</u>		23b. ADDRESS <u>Platte City, Missouri</u>		23c. DATE SIGNED <u>4/28/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/26/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-26-53</u>		REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SUMPTER FUNERAL CHAPEL-Leavenworth</u> ADDRESS <u>Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard W. Smyth

Licensed Embalmer No. 3862

P. O. Address Leavenworth, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.